

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-017990

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

4789

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|---|---|---|-------------------------------|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | c. CITY OR TOWN Affton | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hospital | | d. STREET ADDRESS (If outside, give location) 9426 Pancho Dr. | |
| 3. NAME OF DECEASED (Type or print) First Middle Last FRANK J. MUES | | 4. DATE OF DEATH Month Day Year May 1 1963 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 1-19-1899 |
| 9. AGE (last birthday) 64 | | 10. IF UNDER 1 YEAR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Supervisor-Cutting Room-Wildman Mfg. Co. | | 11. BIRTHPLACE (City and state or country) St. Louis, Mo. | |
| 12. CITIZEN OF WHAT COUNTRY U.S.A. | | 13a. FATHER'S NAME John T. Mues | |
| 13b. MOTHER'S MAIDEN NAME Elizabeth T. Koehler | | 14. NAME OF HUSBAND OR WIFE Goldie Mues | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give year or dates) No None | | 16. SOCIAL SECURITY NO. | |
| 17. INFORMANT Goldie Mues | | 18. ADDRESS 9426 Pancho Dr. | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction DUE TO (b) Acute Coronary Thrombosis DUE TO (c) 4201 | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | |
| PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | | |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | | |
| 21. I attended the deceased from April 18, 1963 to May 1, 1963 and last saw him alive on May 1, 1963. Death occurred at 4 A m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE Melvin B. Krieger MD | | 22b. ADDRESS Laurel Hills 5, Mo. | |
| 22c. DATE SIGNED 5-2-63 | | 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | |
| 23b. DATE May 3, 1963 | | 23c. NAME OF CEMETERY OR CREMATORY Laurel Hills Cemetery | |
| 23d. LOCATION (City, town, or county) St. Louis Co. Mo. | | 24. FUNERAL DIRECTOR Kriegshauser 4228 S. Kingshighway | |
| 25. DATE RECD. BY LOCAL REG. MAY 2 1963 | | 26. REGISTRAR'S SIGNATURE Karl Smith M.D. | |

USE BLACK INK

OR
TYPEWRITER RIBBON

Dr. Melvin Kirstein
950 Francis Pl.

Pa. 7-1452
TAL P.M.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed R.W. Storrs and

Licensed Embalmer No. 4007

P. O. Address St. Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.